2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004693

Entity Name: ALERE NORTH AMERICA, LLC

Current Principal Place of Business:

30 SOUTH KELLER ROAD, SUITE 100
ORLANDO, FL 32818

Current Mailing Address:

30 SOUTH KELLER ROAD, SUITE 100
ORLANDO, FL 32818

FEI Number: 26-1444559

FILED
Apr 23, 2016
Secretary of State
CC5129993549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	DIRECTOR, SECRETARY
Name	CHINIARA, ELLEN
Address	51 SAWYER ROAD, SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	AS
Name	BARRY, DOUGLAS
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	DIRECTOR, PRESIDENT
Name	CRAMP, DANIELLA
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	ASST. SECRETARY
Name	FISTER, JULIUS C. III
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	VP
Name	BONNELL, BRIAN
Address	9975 SUMMERS RIDGE ROAD
City-State-Zip:	SAN DIEGO CA 92121

Title	DIRECTOR, PRESIDENT
Name	SCHEU, PETER
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	ASST. SECRETARY
Name	GOTHORPE, JONATHAN
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	ASST. TREASURER
Name	FLAKNE, CARLA
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ELLEN CHINIARA SECRETARY 04/23/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	VP
Name	MCENANY, CAROL
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	VP
Name	ZIEGLER, CHARLES
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	VP
Name	DE JONGH, CHRIS
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	VP
Name	SHAFFER, DOUG
Address	51 SAWYER ROAD SUITE 200
City-State-Zip:	WALTHAM MA 02453

Title	VP
Name	GEORGE, KRISTOPHER
Address	6465 NATIONAL DRIVE
City-State-Zip:	LIVERMORE CA 94550